

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>06753706</i>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		2					56				
7		/					57				
8		/					58				
9		/					59				
10	/						60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		2					65				
16		/					66				
17		/					67				
18		/					68				
19	/						69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		2					74				
25		/					75				
26		/					76				
27		/					77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	27						TOTAL DEP.				
TOTAL CLAIMS	30						TOTAL CLAIMS				